

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:43

DOCUMENT # **819282** (5)

1. Corporation Name
**GENERAL ELECTRIC MORTGAGE INSURANCE CORPORATION
OF NORTH CAROLINA**

Principal Place of Business Mailing Address
**6601 SIX FORKS ROAD
P.O. BOX 177800
RALEIGH NC 27615-6519**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/10/1966** 3a. Date of Last Report **02/11/1994**
4. FEI Number **56-0729821** Applied For Not Applicable
5. Certificate of Status Defect **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

NOTE: This agent is not a registered agent when registered

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HECK, MARTIN H.
STREET ADDRESS	6601 SIX FORKS RD.
CITY, ST, ZIP	RALEIGH NC
TITLE	VD
NAME	LOPES, STUART M.
STREET ADDRESS	6601 SIX FORKS ROAD
CITY, ST, ZIP	RALEIGH, NC.
TITLE	CD
NAME	BARMORE, GREGORY T.
STREET ADDRESS	6601 SIX FORKS RD.
CITY, ST, ZIP	RALEIGH NC
TITLE	DVT
NAME	BOROM, MICHAEL P
STREET ADDRESS	6601 SIX FORKS ROAD
CITY, ST, ZIP	RALEIGH NC
TITLE	S
NAME	HINKLE, CATHERINE D
STREET ADDRESS	6601 SIX FORKS ROAD
CITY, ST, ZIP	RALEIGH NC
TITLE	VD
NAME	MILLER, GERHARD A
STREET ADDRESS	6601 SIX FORKS ROAD
CITY, ST, ZIP	RALEIGH NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	MD Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Heck, Martin H.
1.3 STREET ADDRESS	6601 Six Forks Road
1.4 CITY, ST, ZIP	Raleigh, NC 27615
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Green, Jeannie B.
2.3 STREET ADDRESS	6601 Six Forks Road
2.4 CITY, ST, ZIP	Raleigh, NC 27615
3.1 TITLE	PCD Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barmore, Gregory T.
3.3 STREET ADDRESS	6601 Six Forks Road
3.4 CITY, ST, ZIP	Raleigh, NC 27615
4.1 TITLE	V Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lopes, Stuart M.
4.3 STREET ADDRESS	6601 Six Forks Road
4.4 CITY, ST, ZIP	Raleigh, NC 27615
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related in Sections 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Jeannie B. Green* Jeannie B. Green
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR

2/1/95 (919) 846-4187